

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

12/19/2011

Document Number:

664000230

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LEONARD, MIKE</u> |
| | <u>425247</u> | <u>425246</u> | | |

Operator Information:OGCC Operator Number: 10276 Name of Operator: PINE RIDGE OIL & GAS LLCAddress: 600 17TH ST STE 800SCity: DENVERState: COZip: 80202**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|-------------------------------------|-------------------------|
| Mc Carthy, John | (303) 266-1300 | John.McCarty@cometridgeresoures.com | VP Operations |
| Hasty, Tim | (303) 226-1300 | thhasty@gmail.com | pumper |
| Felman, Moe | (303) 266-1300 | Moe.felman@cometridgeresources.com | Sr. Operations Engineer |

Compliance Summary:QtrQtr: Lot 2 Sec: 31 Twp: 19S Range: 69W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------------------------------|
| 425247 | WELL | PR | 11/28/2011 | | 043-06212 | Swordfish 13-31 | <input checked="" type="checkbox"/> |
| 425295 | PIT | AC | 09/08/2011 | | - | SWORDFISH 13-31 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|---------------------------------|-------------------------|---------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>1</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: <u>1</u> |
| Gas or Diesel Mortors: <u>1</u> | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>1</u> |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: <u>2</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location**Signs/Marker:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|----------------------------|---|-------------------|
| TANK LABELS/PLACARDS | Unsatisfactory | NO LABELS ON PORTABLE TANK | Install sign to comply with rule 210.b. | <u>02/29/2012</u> |
| WELLHEAD | Satisfactory | AT ENTRANCE | | |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Inspector Name: LEONARD, MIKE

| | |
|--------------------|--|
| Comment: | |
| Corrective Action: | |

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------|-----------------------------|--------------|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| LOCATION | Satisfactory | BARBED WIRE | | |
| PIT | Satisfactory | STEEL PANELS | | |

| | | | | | |
|---------------------|---|-----------------------------|------------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Pump Jack | 1 | Satisfactory | STANDARD | | |
| Prime Mover | 1 | Satisfactory | GAS ENGINE | | |
| Ancillary equipment | 1 | Satisfactory | | | |

| | | | | | |
|-----------------------------------|--------------|----------------|---------------|-----------------------|--|
| Tanks/Berms: | | | | | |
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 1 | 500 BBLS | STEEL AST | 38.349450,-105.159360 | |
| S/U/V: | Satisfactory | Comment: | PORTABLE TANK | | |
| Corrective Action: | | | | Corrective Date: | |

| | |
|------------------------|--|
| Paint | |
| Condition | |
| Other (Content) _____ | |
| Other (Capacity) _____ | |
| Other (Type) _____ | |

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | |
|-----------------|---------------------|
| Venting: | |
| Yes/No | Comment |
| YES | VENTING AT WELLHEAD |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 425246

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|--|------------|
| OGLA | koepsear | Due to the likely hood of oil being received in the pit and exceeding 10,000 ppm TPH an approved Pit Permit (Form 15) will be required prior to pit construction. The form 15 shall include a pit management plan. | 07/21/2011 |

Wildlife BMPs:**Stormwater:****Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Well**

Facility ID: 425247 API Number: 043-06212 Status: PR Insp. Status: PR

Facility ID: 425295 API Number: - Status: AC Insp. Status: AC

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

| | | |
|---|-------------------|-------------|
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |
| Field Parameters: | | |
| | | |
| Sample Location: _____ | | |
| | | |
| Emission Control Burner (ECB): _____ | | |
| Comment: _____ | | |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ | | |

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

Comment: _____

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____

Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____

Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____

Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | | | | | |

S/U/V: Satisfactory

Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Skimming/Settling Lined: YES Pit ID: 425295 Lat: 38.349330 Long: -105.159510

Lining:

Liner Type: HDPE

Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Panel

Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: Fence/Net

Netting Condition: Good

Comment: _____

Anchor Trench Present: YES

Oil Accumulation: YES

2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory

Comment: _____

Corrective Action: _____

Date: _____

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
| | 425295 | 2215827 | |

Monitoring:

Inspector Name: LEONARD, MIKE

| | | |
|--|-----------------|---------|
| | Monitoring Type | Comment |
| | Other | ROPE |